

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Society of Anesthesiologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S. Mitchell M.D.**Mailing Address 1200 E Michigan Ave Ste 370  
1200 E Michigan Ave Ste 370

City	State	Zip Code
Lansing	MI	48912-1897

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician Anesthesia Service

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

**Transaction ID : C3189532**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Karen P. Mitchell M.D.**

Mailing Address 827 Old Oyster Trl

City	State	Zip Code
Sugarland	TX	77478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USAP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

**Transaction ID : C3189410**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Larkin H. Mitchell M.D.**

Mailing Address 309 S Gamwyn Park Dr

City	State	Zip Code
Greenville	MS	38701-6304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Anesthesia

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : C3200711**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.00

**TOTAL** This Period (last page this line number only)..... ►